

DEPARTMENT OF BENEFIT PAYMENTS



May 6, 1974

ALL-COUNTY LETTER NO. 74-79

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: ASSISTANCE FOR UNITED STATES CITIZENS RETURNED FROM FOREIGN COUNTRIES - CLAIMING (APA 2048)

REFERENCE:

Claims for reimbursement for each repatriated citizen are to be submitted monthly as soon as possible after the end of each month. The signed original and four copies of APA Form 2048 are to be sent to the Department of Benefit Payments, Budget and Controls Branch, Accounting Bureau, Mail Station 13-72, 744 P Street, Sacramento, CA 95814 for processing and submittal to DHEW.

There should be no more than one person/case reflected on each claim nor should the claim cover assistance of more than one calendar month. By providing all information as required on the claim form you will assist us in processing the claim through DHEW, without rejection, thereby expediting payment.

If you have any questions regarding the claiming and subsequent payment, please direct your inquiries to Bob Lyon at (916) 445-0686.

Sincerely,

WILLIAM J. MERTZ, Deputy Director
Administration

cc: CWDA

OBsolete

Superseded by ACL # 77-15

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